ARIZONA MEMORY PROJECT
APPLICATION

Please answer questions as completely as possible. The more we know about your organization and the material you want to publish on the Arizona Memory Project, the better we can assess and serve your needs.

Please complete this form and submit a sample of your metadata and digital content to the address listed on the last page of this document.

Questions? Contact Michelle Bickert at mbickert@azlibrary.gov or (602) 926-3852

Section One: About the Organization

DATE _____

1) Organization Name: _____

2) Primary Contact Name: _____

3) Email: _____ Phone Number: _____

4) Mailing Address: _____

_____

_____

5) Organization Type: ☐ Library ☐ Archives ☐ Museum ☐ Historical Society ☐ Other:_____

6) How many of your staff will need CONTENTdm software training? _____
   The Arizona Memory Project uses the CONTENTdm software.

7) Please explain your digitization process. Do you, or will you, use scanners, digital cameras, other devices?

_____

_____

8) What computer operating system do you use? ☐ MS Windows 2000   ☐ MS Windows XP

   ☐ MS Windows Vista   ☐ MS Windows 7   ☐ Other (explain): _____

9) Have you received, or will you receive, Library Service Technology Act (LSTA) funds to support moving

   your digital material to the Arizona Memory Project?   ☐ Yes   ☐ No

Section Two: About the Collection

1) Collection Contact Name:_____ Phone:_____

2) What is the title of the collection you wish to submit to the Arizona Memory Project?
_____

3) What is the primary focus of the collection? _____
_____

4) Please share any other comments you have about the collection: _____
_____
_____

5) How many items will your Arizona Memory Project collection contain? _____

6) Approximately how many items of the above collection have been digitized? _____

7) What types of materials in this collection have you, or will you, digitize? *(e.g., maps, photographs, handwritten diaries, artifacts, audio recordings, etc.)*
_____

8) Do you hold copyright or have unrestricted ownership for the materials you plan to contribute?
Please contact the Arizona Memory Project if you have questions about copyright or ownership.

☐ Yes   ☐ No   ☐ Materials in the Public Domain *(most pre-1923 items)*

☐ Not Sure (Explain): _____

9) Please check all file formats that apply to your digital collection.

☐ JPEG   ☐ TIFF   ☐ PDF   ☐ TXT   ☐ MP3   ☐ HTML   ☐ Other: _____

10) What is the resolution and dimensions of your images? Images must be at least 300dpi.
_____

11) If you have digital audio files, please describe their format (e.g., WAV, MP3, etc.).
_____

12) What percentage of your digitized collection contains metadata (descriptive information)?
_____

    a)   Is the metadata at an item level or a collection level? _____

    b)   What program do you use to store your metadata *(e.g., Access database, Excel, FilemakerPro, PastPerfect, etc.)?* _____

13) Is your metadata embedded in the digital resources or stored separately? ☐ Embedded ☐ Separate

If your metadata is embedded in the digital resources, please elaborate.

_____

14) What is your anticipated timeframe (start to finish) for digitizing and submitting your collections to AMP?

Example	**Collection Title:** *Archives Photos*	
	Date	*Task Description*
	January – February 2012	*Review and Selection materials*
	March – May 2012	*Digitize images*
	June 2012	*CONTENTdm software training*
	June – August 2012	*Upload images and metadata to AMP*
	September 29, 2012	*Projected completion date*

Collection Title:	
Date	**Task Description**

17) The Arizona Memory Project no longer encourages the use of watermarks; however, a band or brand feature is available through the CONTENTdm software. Please indicate if you would like to mark your digital objects and how:

☐ We will not be using any watermark, brand or banding features.

☐ We would like to use a band or brand feature with our repository name within.

☐ We are required to use a watermark. Please contact AMP with details.

Section Three: Additional Comments

Additional Comments or Questions: _____

_____

_____

Mail or Email a completed application to the address below:

Michelle Bickert
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1700 West Washington St., Ste. 200
Phoenix, AZ 85007
Phone: (602) 926-3852
mbickert@azlibrary.gov